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TB CARE I

TB CARE I - Mozambique

**Year 2
Quarterly Report
July-September 2012**

October 30, 2012

Quarterly Overview

Reporting Country	Mozambique
Lead Partner	FHI
Collaborating Partners	KNCV, MSH
Date Report Sent	30-10-2012
From	Dario Sacur
To	Alfredo McArthur
Reporting Period	July-September 2012

Technical Areas	% Completion
1. Universal and Early Access	100%
2. Laboratories	75%
3. Infection Control	100%
4. PMDT	100%
6. Health Systems Strengthening	88%
7. M&E, OR and Surveillance	75%
8. Drug supply and management	63%

Overall work plan completion	86%
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Most Significant Achievements
<p>Universal Access</p> <p>This reporting quarter a total of 785 CB DOTS volunteers (254 females and 531 males), 358 traditional healers (176 females and 182 males), and 150 health technicians (35 females and 115 males) were trained. All trained activists since project commencement referred 10,880 TB/Malaria suspects to health facilities. A total of 1893 TB (all forms) were diagnosed of which, 1175 (62 %) were diagnosed as SS+, 667 (35%) as SS-, and 51 (3%) as having TB EP. Of the total TB patients, 445 are TB/HIV positive, representing a co-infection rate of 23% of all referred patients during this quarter. Out of the total number of TB suspects referred by community volunteers, 3995 were diagnosed as having active malaria, representing about 36% of all suspects referred.</p> <p>The project supported the NTP in reviewing the Pediatric TB manual which will be finalized by end of the year. Pediatric patients and HIV positive were specifically considered during the design of the national algorithm for indication and use of GenExpert.</p> <p>Laboratories</p> <p>A five days training in quality assurance, biosafety, laboratory management and new technologies (GeneXpert, LED microscopy and Line Probe Assay) was conducted to 11 (4 females & 7 males) reference laboratory staff. After the training, work plans for the improvement of the quality of TB laboratory diagnosis were developed.</p> <p>A total of 1,040 AFB smear microscopy manual were printed and distributed nationwide based on the NTP distribution plan developed. The manual was finalized with support of TB CARE I and the development was as a response to the lack of AFB smear microscopy SOPs in the laboratory section.</p> <p>18 LED microscopes procured in APA1 installed in 18 sites, and laboratory technicians from the health facilities where microscopes were allocated have been trained on their use and maintenance. The practical sessions also covered reagent preparation, staining and reading of slides. Distribution was done to TB CARE I geographic areas.</p> <p>A total of 22 LED microscopes were procured and have been delivered for distribution to improve diagnosis quality and reduce work load for lab staff in TB lab diagnosis.</p> <p>Training of laboratory technicians in the use and management of the GeneXpert machines was also completed. For GeneXpert management, 15 technicians (4 females and 11 males) from the three sites Gaza, (Hospital de Carmelo), Zambézia (Hospital Provincial de Quelimane) and Niassa (Hospital Rural de Cuamba) were trained.</p> <p>A draft national genexpert algorithm was developed and approved for pilot use in the country with support from TB CARE I. The pilot test will be for one year and in revisions for its adaptability will be conducted thereafter.</p> <p>Infection Control</p> <p>174 performance evaluation instruments (IMD) were printed to measure implementation of IC activities in four selected provinces. The awaited results will be an increase in number of health units implementing the IC system to improve bio safety and security at work place.</p>

to system to improve the safety and security of work places.

PMDT

Several meetings to finalize the PMDT strategy for Mozambique were held at FHI resulting in the finalization of the final draft which was submitted for consultant review and approval by NTP.

TB/HIV

Two clinical trainings in TB/HIV were conducted in two TB CARE I provinces of Sofala and Zambezia cofacilitated by NTP provincial supervisors and TB MDR provincial focal points. A total of 60 (22 females and 38 males) MOH health staff attended the trainings. A pre- and post-evaluation test was done to evaluate impact of the training and results of the post evaluation test showed an increase of 45% in TB/HIV co-infection activities as a result of the training. Each participant received a copy of the TB clinical and DR TB diagnostic manuals for reference and expected results after the training will be an improvement in diagnosis of TB, TB/HIV, pediatric TB and TB MDR in the 2 provinces.

Health Systems Strengthening

The annual TB CARE I meeting with CB DOTS implementing was conducted where all CB DOTS implementing agencies were represented. The meeting was also attended by NTP Provincial Supervisors from all 7 TB CARE I provinces and Central NTP staff including the NTP manager. The meeting objectives were to evaluate implementation of CB DOTS activities, share challenges, lesson learnt and new implementation strategies to improve and strengthen CB DOTS activities.

In response to the recently held USAID RIG audit recommendations, the TB CARE I project conducted a three days workshop on TB, TB/HIV, MDR TB and Pediatric TB directed to all TB and HIV partners at provincial level. FHI360 staffs from the TB CARE I project, the CHASS Niassa and CHASS SMT projects together with representatives from other partners as JHPIEGO, ICAP, EGPAF, and FGH attended the workshop. CDC, USAID and WHO staffs were also present in the workshop. The workshop was led by TB CARE I technical Officers and NTP Central level staff provide technical support and orientation during the training. Various topics were covered including Pediatric TB and incentives for community volunteers.

Drug Management:

Training Modules, including the one for Drug Management, were reviewed and finalized. A Training was conducted for TB Provincial Supervisors from Provinces with TB CARE I support. CMAM (Central of Medical Stores) led the training which means the SOPs are in fact institutionalized.

Malaria

The Malaria communication strategy has been finalized with support from WHO and the NMCP. The strategy is being translated into portuguese for final signature approval by the minister of health. Printing and reproduction will be done in APA3.

Malaria clinical management trainings were conducted in Cabo Delgado (remaining professionals from the Abril trainings), Tete and Manica provinces. A total of 983 (422 Females and 561 Males) clinicians were trained, being 136; 450 and 399 from the three provinces respectively.

Other activities:

Two TB CARE I staff attended a leadership and conflict management training course organized within FHI in Maputo. The training was a replica of the Dar Es Salaam leadership training where 2 FHI360 Mozambique staff participated as ToTs.

Overall work plan implementation status

Project implementation status is now at 86%.

Technical and administrative challenges

Given the delay in the APA2 work plan and budget, activities planned posed a challenge to be implemented given the short period of time, forcing the project team to cancel and revise most of these under the three activity modifications trackers approved by PMU and USAID. This affected planning process as change in activities would require new planning and stakeholder involvement. The team for APA3 is determined to have the workplan and budget approved in time to avoid these constraints.

Procurement still poses a challenge as the process takes longer than planned due to delay in approval process. Lesson learnt for APA3 will be to initiate all procurement as the start of the budget year as to avoid reporting of accrual funds at the end of each reporting quarter.

The malaria trainings still poses a challenge as huge amounts of funds are moved to support logisitcs without adequate security. In one province the use of a private security firm was tried but it did not yield the intended results.

In-country Global Fund status and update

Global Fund (GF) has disbursed funds for the purchase of first and second line drugs. The funds disbursed were from last year and this year funds will be disbursed next year for the purchase of drugs also. The transitional funds mechanism proposal has been approved under category three for Mozambique. Technical support in the development of the proposal was provided by the TB CARE I project through a KNCV based consultant (Dr. Bert Schreuder). The proposal also is to cover the procurement of drugs for TB. Currently the team is finalizing minor adjustments on the proposal as requested by GF.

Quarterly Technical Outcome Report

Technical Area: 1. Universal and Early Access								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1 Updated information available on the quality of services from a patients' perspective	No	2010	Yes	2012	Yes	The piloting of patient centered approach (PCA) tools was conducted in two selected districts of Nampula and Chibuto with the core team leading the process for two weeks. The Implementation methodology consisted of training health facility nurses, community based volunteers and staff of CB DOTS implementing agency (IAs) to lead the dissemination and distribution of PCA materials in selected health facilities and communities. A total of 12 nurses, 26 CB DOTS volunteers and 3 IAs were trained from a total 7 health facilitators. A total of 2,280 patient charters copies, 36 TB literacy booklets, 36 teaching aids (Story of Thomas), 18 quote TB light booklets and 12 sets of Quote TB pictogramas were distributed to be used by volunteers and health technicians in disseminating PCA information and the patient charters to TB patients.	Follow up with district NTP managers/supervisors and IA staff in progress monitoring and conduct an endline survey by January 2013 which will include one control district.
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.4 CB-DOTS program is implemented	3	2011	3	2012	3	Friends in Global Health (FGH) closed activities in Zambezia province affecting implementation of CB DOTS activities in 3 districts.	TB CARE I will cover 2 of the FGH districts after NTP has requested for continued CB DOTS implementation
	1.2.4 CB-DOTS program is implemented	44 (36 TB CARE I)	2011	53 (TB CARE I 45)	2012	45	All 45 districts covered with CB DOTS implementation through partnerships with local and international implementing agencies	Increase 5 more districts in APA3

Technical Area: 2. Laboratories								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		

2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.3 Number of labs providing quality assured TB laboratory services for diagnosis and monitoring of TB patients to support the NTP Quality laboratory services are defined as following pre-defined global set standards of laboratory procedures and practices. The procedures and practices must follow the Quality Assurance Cycle which is following proper management and analysis of specimens, Bio safety procedures, proper registering and validation of results in order to be accurate and reliable. Indicator value: Yes/No Level: National and TB CARE geographic areas Means of Verification: Supervision reports	0	2011	57/114 (50% of labs in TB CARE I target provinces)	2012	72/114 (63%)	15 districts visited, 9 in Gaza and 6 in Tete	Increase number of laboratories and districts to be visited in APA3
2.2 Ensured the availability and quality of technical assistance and services	2.2.3 Number of technical assistance visits to TB Reference labs in country to strengthen and build capacity of the labs.	None	2011	5	2012	1	A team composed of TB CARE I laboratory officer and MSH laboratory consultant visited Zambézia province to conduct an assessment of the situation of AFB smear microscopy. As part of the visit, the team; 1) verified the current peripheral laboratory network situation for the diagnosis of TB including nurses trained in AFB smear microscopy, 2) conducted a site visit to the provincial laboratory to assist in the identification of a suitable room for the placement of GeneXpert machine, and 3) worked together with the provincial QA officer (who is also the head of the microbiology unit and the deputy provincial supervisor) in conducting a needs assessment of the current situation of the peripheral microscopy network. The assessment focussed on the following areas: availability of infrastructure, SOPs and commodities.	Data from seven laboratories performing AFB smear microscopy was collected, and will be used to develop a quality improvement plan to strengthen TB laboratory diagnosis during APA3.
	2.2.3 Number of recommendations implemented to improve malaria activities Description: Activities improved based on supervision report recommendations. Indicator value: Number Level: National, provincial, district Means of verification: supervision reports	0	2011	3	2012	0	N/A	The NMCP head was changed in the beginning of the quarter and the coming head changed all previously approved plans affecting the clinical supervision. Activity has been included in the APA2 carry over MOT.

2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.3.1 Number of labs using new technologies	1. TB culture: 2 (1 central; 1 regional) 2. First line DST: 2 (1 central; 1 regional) 3. Second-line DST: 0 4. HAIN MTBDRplus: 0 5. GeneXpert: 4; LED microscopy: 0	2011	1. TB culture: 2 (1 central; 1 regional) 2. First line DST: 2 (1 central; 1 regional) 3. Second-line DST: 0 4. HAIN MTBDRplus: 0 5. GeneXpert: 9 (1 central, 2 Provincial, 6 district) LED microscopy: 20 (district)	2012	1. TB culture: 2 (1 central; 1 regional) 2. First line DST: 2 (1 central; 1 regional) 3. Second-line DST: 0 4. HAIN MTBDRplus: 0 5. GeneXpert: 9 (1 central, 2 Provincial, 6 district) LED microscopy: 40 (district)	22 LED microscopes procured this reporting period. A distribution plan was elaborated by NTP in close coordination with TB CARE I. The microscopes will be distributed nationwide and lab technicians from the sites where the equipment will be installed will be trained in use and management of LED microscopes. The objective is to improve quality of TB diagnosed	15 more LED microscopes will be purchased in APA3. The activity was approved in the APA2 MOT but transitioned to APA3
	2.3.2 Number of laboratories offering rapid tests for TB or drug-resistant TB	5. GeneXpert: 4	2011	5. GeneXpert: 9	2012	9	The 3 GeneXperts have been installed in Niassa, Zambezia and Gaza and lab technicians from the sites trained in use and management of the equipment.	Algorithm for GeneXpert finalized and approved for piloting purposes.
	2.3.3 Number of rapid tests conducted	GeneXpert: x national, (0 TB CARE)	2011	GeneXpert: x national, (100 TB CARE)	2012	0	N/A	Training of lab technicians concluded in September and data reporting will commence soon after
2.4 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis of malaria	2.4.1 Number and percent of labs providing quality assured malaria laboratory services for diagnosis Description: Quality laboratory services are defined as following pre-defined global set standards of laboratory procedures and practices. The procedures and practices must follow the Quality Assurance Cycle which is following proper management and analysis of specimens, Bio safety procedures, proper registering and validation of results in order to be accurate and reliable. Indicator value: Number and percent Level: national, provincial, district Means of Verification: Supervision reports	9	2011	82 (40% of total labs)	2012	0	Clinicians in 3 provinces of Cabo Delgado, Tete and Manica trained.	The QA guidelines are still to be printed, disseminated and distributed. The activity will be completed in APA3

	<p>2.4.2 Number and percent of labs reporting a stock out of malaria commodities</p> <p>Description: Number/percent of labs that reported malaria consumable stock outs within the last 3 months.</p> <p>Indicator: Number and percent</p> <p>Level: National, provincial, district</p> <p>Means of verification: Supervision reports</p> <p>Numerator: # of labs that report a stock out of malaria consumables in the last 3 months</p> <p>Denominator: Number of labs that conduct malaria services</p>	N/A	2011	20 (10% of total labs)	2012	0 (0% of total labs)	500,000 lab slides procured and distributed including reagents.	More consumables and reagents in process of being purchased and will be distributed nationwide
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Technical Area: 3. Infection Control

Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
3.3 Strengthened TB IC Monitoring & Measurement	3.3.2 Number of TB IC checklists produced and distributed	0	2011	1000	2012	174	Copies of the performance evaluation tool have been produced and distributed to measure IC activities	








Technical Area 4. PMDT								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
4.1 Improved treatment success of MDR	4.1.4 Percent of MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture.	43	2010	50	2011	0	N/A	The data collection system is being strengthened through a consultant contracted in APA2.


Technical Area 6. Health Systems Strengthening								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	6.1.1 TB care and control strategic plan embedded within national health strategies, including quantifiable indicators and budget allocations	No	2011	Yes	2012	Yes	Contract signed with the consultants to conclude the Costing and M & E framework. Work is already in progress	The missing components will be finalized by November and the plan will be available for approval by January 2013
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.4 Supervisory visits conducted according to country supervisory standards Indicator Value: Percent Numerator: Number of annual supervisory visits conducted disaggregated by three levels. Denominator: Number of annual supervisory visits planned disaggregated by three levels.	Central: 36% (8/22) Provincial: 3% (8/256) District: NA	2011	Central: 50% (11/22) Provincial: 47% (120/256) District: NA	2012	Central 18/22 Provincial 143/256	Two field visits were conducted to Manica and Sofala provinces to supervise CB DOTS activities being implemented by ADPP. A total of 7 districts (3 in Sofala and 4 in Manica) visited. The visits were integrated with NTP district supervisors and CHASS SMT as a way of strengthening project activities across FHI360 Mozambique projects. Immediate results of the visits were the conduct of an activity re-planning exercise to respond to needs at district levels related to CB DOTS, development of an in-service training plan for peripheral health staff, community supervisors, field officials and community volunteers. A debriefing meeting in both provinces was held at DPS with all relevant members.	One visit to one TB CARE I province of Gaza be conducted in October 2012




Technical Area 7. M&E, OR and Surveillance								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.2 NTP provides regular feedback from systematic analysis of surveillance and programmatic data and related recommendations by central to lower levels	0	2011	11	2012	11	TB CARE I M & E Officer provides support to the NTP by sitting one day a week and providing technical assistance when needed.	Continued support in M & E technical assistance to the NTP by WHO NPO Officer and TB CARE I FHI360 M & E Officer.
7.3 Improved capacity of NTPs to perform operational research	7.3.1 Number of surveillance studies completed and results incorporated into national policy/guidelines	0	2011	Out of 4 total studies underway, target to complete: 2; results to be incorporated : 0	2012	0	N/A	All studies have been cancelled to APA3. The KAP protocol was revised by and the project is still working on the comments pending its approval




Technical Area 8. Drug supply and management								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.1 Quarterly national stock information available	No	2011	Yes	2012	Yes	A follow up training was conducted for TB Provincial Supervisors from Provinces with TB CARE I support in the use of LMIS	
	8.1.2 Updated SOPs for selection, quantification, procurement, and management of TB medicines available	No	2011	Yes	2012	No	Logistics and Management Information System (LMIS) review done.	






Quarterly Activity Plan Report



1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1	ACSM workshop	KNCV	54.355	 100%	Jul	2012	3 regional workshops conducted. A total of 87 participants (Female 21 and Males 61) were present
	1.1.2	IEC materials developed for TB	FHI	38.970	Cancelled	Sep	2012	IEC materials to be developed were related to ACSM and since the national strategy has not been completed, the project revised this activity in its APA2 MOT to reflect IEC for TB/HIV.
	1.1.2 (APA2 MOT)	IEC materials produced	FHI	38.970	 100%	Sep	2012	Activity modified from ACSM to printing of TB/HIV existing leaflets and PCA materials.
	1.1.3	IEC materials developed for malaria	FHI	103.920	Cancelled	Sep	2012	Activity transitioned to APA3 through the APA2 transition MOT. To date the materials have been finalized in close coordination with WHO and NMCP and are currently being translated to Portuguese.
	1.1.4	Malaria day and other awareness activities	FHI	12.990	 100%	Apr	2012	completed
	1.1.5	TB Day commemoration and other awareness activities	FHI	11.353	 100%	Apr	2012	completed
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	CB-DOTS expansion	FHI	1.412.325	 100%	Sep	2012	All 45 districts covered with CB DOTS implementation.
	1.2.2	Training workshops in diagnostic skills for malaria	FHI	65.210	 100%	Jun	2012	Completed
	1.2.4 (APA2 MOT)	Training workshops in diagnostic skills for malaria (complete Cabo Delgado; Manica and Tete)	FHI	236.137	 100%	Sep	2012	Remaining 134 (56 females & 78 males) trained in Cabo Delgado, Manica 399 (168 females & 231 males) and Tete 450 (198 females & 252 males)

	1.2.3	TB/MDR/HIV training course	FHI	69.938	Cancelled	Sep	2012	Activity cancelled and funds modified to support NTP staff participation in the Sondalo training and contracting of one consultant to translate and adapt the training for Mozambique
	1.2.3.1 (APA2 MOT)	TB/MDR/HIV training workshop	FHI	40.970	Cancelled	Sep	2012	Training openings were filled up before TB CARE I registered NTP participants. Plan is to register for April 2013 slots.
					 100%			



2. Laboratories			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		
Outcome	Activity #	Activity				Month	Year	
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and	2.1.1	Training of lab technicians in QA, biosafety, lab management and new technologies (LED, GeneXpert and line probe assay)	FHI	40.925	 100%	Aug	2012	11 lab technicians from the 3 RL trained in QA, bio safety, lab management and new technologies
	2.1.2	Reference labs function	FHI	40.485	 50%	Sep	2012	50% payment done to suppliers and the remaining 50% to be done upon delivery which is expected this month.
	2.1.3	Supervision of central, provincial and district level staff (malaria)	FHI	15.585	 25%	Sep	2012	The supervision plan for Cabo Delgado and Tete has been elaborated and approved for November 2012.










diagnosis and monitoring of TB patients	2.1.4	Supervision of provincial and district level staff (TB)	FHI	22.187	 100%	Sep	2012	Integrated laboratory supervision and technical assistance visits were conducted in 2 TB CARE I provinces (Tete and Gaza provinces). Overall, 15 laboratories were visited (9 in Gaza and 6 in Tete). The main findings were poor reagent and supply management, sample registry with errors, staff not following correctly AFB smear microscopy technical procedures, inadequate infrastructure, lack of refreshment courses in AFB smear microscopy and unavailability of SOPs. Several recommendations and technical assistance were given to the team in order to improve the quality of TB diagnosis. The recommendations included the improvement of sample registering, technical procedures, stock management and good laboratory practices. The team also provided TA on the filling in sample registry, good laboratory practices for AFB smear microscopy and stock management. Furthermore, AFB microscopy manuals have been distributed to all the laboratories to fill the gap of lack of SOPs. Follow up visits will be conducted to ascertain that recommendations are being implemented and followed.
	2.1.5	National lab meeting (malaria)	FHI	25.772	 100%	mar	2012	Completed
	2.1.6	Training of lab technicians (malaria)	FHI	6.495	Cancelled	Dec	2012	Activity transited to APA3. The project is waiting for approval of Manhiça CISM training visit approval
	2.1.9 (APA 2 MOT)	15 lab technicians trained in new technologies including GeneXpert and LED	FHI	6.000	 100%	Sep	2012	33 laboratory technicians trained (18 LED and 15 GeneXperts). Activity approved in the APA2 MOT
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date


2.2 Ensured the availability and quality of technical assistance and services	2.2.1	TA for reference labs Provide TA on TB culture, DST and introduction of new technologies	MSH	33.990	 100%	Sep	2012	Two MSH consultants provided TA visits to reference laboratories (Grace Kahenya and Maria Alice Telles) in August for 2 weeks. The objective of the visits were to train lab staff based in the 3 reference labs in Bio Safety, Quality assurance and lab management. As part of the visit, an assessment of the peripheral lab network system was conducted to assess the quality of AFB smear microscopy in order to design a quality improvement plan.
	2.2.2	Procurement of lab materials and consumables (malaria)	FHI	319.554	 75%	Sep	2012	22 LED microscopes purchased, 500,000 slides have been procured and distributed to all 11 provinces. Payments completed for the supply of the remaining consumables
	2.2.3	Establish a QA system for malaria and TB	FHI	169.247	Cancelled			Activity cancelled and included in MoT
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab	2.3.1	Guidelines for QA for TB	FHI	25.980	 50%	Dec	2012	1,040 copies of the AFB smear microscopy manual have been printed and distributed nationwide. QA and Biosafety manuals to be finalized and printed in APA3 (activity transitioned to APA3)
	2.3.2	Guidelines for QA for malaria	FHI	51.960	 50%	Sep	2012	QA for malaria waiting for final approval from MOH
					 75%			




3. Infection Control						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.3 Strengthened TB IC Monitoring & Measurement	3.3.1	IC checklist	FHI	1.949	 100%	Aug	2012	174 performance evaluation tools printed and distributed to measure IC activities
					 100%			




4. PMDT						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
4.1 Improved treatment success of MDR	4.1.1	MDR guidelines and forms	FHI	76.217	<div><div></div></div> 100%	Aug	2012	1000 guidelines printed and distributed nationwide
	4.1.2	Pre-service training in MDR	FHI	7.669	Cancelled	Aug	2012	Activity cancelled and carried over to APA3 through the APA2 transition MOT
	4.1.3	Surveillance system for health workers on TB / MDR	FHI	34.488	<div><div></div></div> 100%	Jul	2012	A two days workshop was conducted with NTP and main TB hospitals representatives in country as a step to establish a surveillance system on TB and TB MDR. This workshop counted with the participation of high level staff from MoH including the National Deputy Director for Public Health, NTP Manager and National Medical Safety representative. MOH staffs from provincial TB hospitals in Beira, Nampula and Maputo also attended the workshop. Objectives of the workshop included but not limited to health work regular consultation and TB screening for all health staff. As result of this workshop, each province developed an action plan of TB and MDR TB surveillance system to be implemented in each province. The implementation will be in phases and is going to start within the main TB units
					<div><div></div></div> 100%			

6. Health Systems Strengthening			Activity Leader	Approve d Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
6.1 Ensured that TB control is embedded as a priority within the national	6.1.1	Workshop Strategic Plan NTP	FHI	71.634	 75%	Sep	2012	Workshop not conducted as the project is still working on the finalization of the NTP Strategic Plan budget and M & E Framework
	6.1.2	Printing of National Malaria tools (malaria)	FHI	12.990	 100%	Sep	2012	400 copies each for Malaria Policy, Malaria Strategic plan and M & E in process of conclusion
Outcome	Activity #	Activity	Activity Leader	Approve d Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date

6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1	National TB meeting	FHI	27.409	Cancelled	Sep	2012	The meeting was cancelled since the planned activity coincided with the National Malaria meeting which has MOH provincial heads had to participate in also. The TB meeting has been pushed to February 2013
	6.2.2	National malaria meeting	FHI	41.461	 100%	Sep	2012	Completed
	6.2.3	Training workshop TB CARE partners and stakeholders	FHI	4.547	 100%	Sep	2012	The TB CARE I annual meeting was conducted with all CB DOTS implementing partners representatives, NTP provincial supervisors and NTP central level staff.
	6.2.4	Provincial workshops	FHI	21.011	 50%	Aug	2012	A total of 60 (38 male and 22 females) MOH provincial clinicians trained in TB/HIV management in 2 provinces of Zambezia and Sofala.
	6.2.5	Participation in Int. Events	FHI	54.421	 100%	Sep	2012	2 FHI360 staff participated in the leadership training in Dar Es Salaam, M & E Officer in GIS Nairobi Training, COP Hague trainings and Kuala Lumpur; Lab Officer_Nairobi GeneXpert training
	6.2.6	Supervision central	FHI	76.511	 75%	Sep	2012	6 provinces completed and Gaza to be completed in October 2012. Gaza visit
	6.2.7	Provincial supervision	FHI	29.422	 100%	Aug	2012	7 TB CARE I provinces visited by TB CARE I staff
	6.2.8	District supervision	FHI	129.950	 75%	Aug	2012	Payment completed, awaiting supplier handover
	6.2.9	Improved diagnosis of TB/HIV confection	FHI	19.836	 100%	Sep	2012	2 days training workshop conducted for CHASS Niassa project staff, TB CARE I PO and implementing partners
					 88%			

7. M&E, OR and Surveillance				Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity					Month	Year	
7.2 Improved capacity of NTPs to analyze and use quality data for management	7.2.1	M&E supervision visits (malaria)	FHI	38.061	Cancelled		Sep	2013	Activity cancelled and included in the APA2 carry over MOT
	7.2.2	Contract M&E officer (malaria)	FHI		 25%		Mar	2013	The M & E officer position is pending decision of the National Public Health head.

of the TB program	7.2.3.1	Data clerk contracted to support the NMCP M & E department	FHI	9.800	 100%	Jun	2012	Data clerk contracted and executing functions
	7.3.4 (APA2 MOT)	Conduct an MDR TB evaluation study	FHI	14.000	 100%	Sep	2012	TB CARE I provided technical and financial support to a CDC-led assessment of MDR-TB notified patients from 2007 till 2011. The purpose of the assessment was to verify registry information about case management and treatment results to be used in the development of the PMDT National Strategy
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operational research	7.3.1	CE study CB-DOTS	FHI	19.485	Cancelled	Sep	2013	Activity cancelled and included in the APA2 carry over MOT
	7.3.2	New technologies studies	FHI	6.495	Cancelled	Jun	2013	Activity cancelled and included in the APA2 carry over MOT
	7.3.3	Entomology study (malaria)	FHI	157.475	Cancelled	Sep	2012	Included in the APA2 carry over MoT submitted to PMU
	7.3.4	Knowledge-Attitudes and Practice Study	FHI	148.475	Cancelled	Jun	2013	Activity cancelled and included in the APA2 carry over MOT
					 75%			

8. Drug supply and management						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.1	Establish a system for quality control of drugs (malaria)	FHI	129.464	Cancelled	Sep	2012	Included in the APA2 carry over MoT submitted to PMU
	8.1.2	Strengthen the pharmacovigilance system and rational use of drugs (malaria)	FHI	38.970	Cancelled	Sep	2012	Included in the APA2 carry over MoT submitted to PMU
	8.1.3	Provision of TA to improve drug management (forecasting, procurement, warehousing, distribution and LMIS)	MSH	34.302	 100%	Sep	2012	completed
	8.1.4	Establish a system for quality control of drugs (TB)	MSH	11.464	 25%	Aug	2012	Activity plan was developed to be used in the development of the quality control of drugs.
	8.1.5	Strengthen the pharmacovigilance system and rational use of drugs (TB)	MSH	35.118	Cancelled	Aug	2012	Activity cancelled and included in the APA2 transitional plan
					 63%			

Quarterly MDR-TB Report

Country	Mozambique
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Period	JULY-SEPTEMBER 2012
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	165	86
Jan-Sep 2011		
Oct-Dec 2011		
Total 2011	184	146
Jan-Mar 2012	21	21
Apr-Jun 2012	58	58
Jul-Sep 2012	N/A	N/A
To date in 2012	79	79

Quarterly GeneXpert Report

Country	Mozambique
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Period	JULY-SEPTEMBER 2012
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Table 1: TB CARE I-funded GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. July 2012)
	Jan-Dec 2011	Jan-Sept 2012	Cumulative Total		
# GeneXpert Instruments	3		3		
# Cartridges	1500		1500		

Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Partner/ Implementing Organization; Additional Comments
Procured	1	4	Cuamba Rural Hospital, Niassa	USAID	TB CARE I
Procured	2	4	Carmelitas Hospital, Chokwé	USAID	TB CARE I
Procured	3	4	Quelimane Provincial Hospital, Zambézia	USAID	TB CARE I
	4				
	5				
	6				
	7				
	8				

¹ Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Comments
Procured	1	500	Cuamba Rural Hospital, Niassa	USAID	
Procured	2	500	Carmelitas Hospital, Chokwé	USAID	
Procured	3	500	Quelimane Provincial Hospital, Zambézia	USAID	
	4				
	5				

*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)
Add an additional row for every procurement order of cartridges

Any additional information/clarifications to the above (optional)

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.

Quarterly Photos (as well as tables, charts and other relevant materials)

Training of lab technicians in LED (New Technologies)



Rehabilitaiaon of the Pebane Rondavel for AFB Smear Microscopy performance



TB, TB/HIV, MDR TB and Pediatric TB Training for clinical partners closing ceremony



Inventory List of Equipment - TB CARE I



USAID
FROM THE AMERICAN PEOPLE

TB CARE I

Organization:	TB CARE I
Country:	Mozambique
Reporting period:	July-September 2012
Year:	APA 2

Description (1)	ID numbers (2)	Acquisition date (3)	Acquisition cost (4)	V.A.T (5)	Location (6)	Condition (7)	Disposition date (8)	Title held by (9)	Insurance Policy #
Motorbikes		23/05/12	\$5.450,00	\$926,00	Tete	new	June 2012	FHI360	
Motorbikes	5643289	23/05/12	\$5.450,00	\$926,00	Tete	new	June 2012	FHI360	
Motorbikes		23/05/12	\$5.450,00	\$926,00	Zambezia	new	June 2012	FHI360	
Motorbikes		23/05/12	\$5.450,00	\$926,00	Zambezia	new	June 2012	FHI360	
Motorbikes	5643275	23/05/12	\$5.450,00	\$926,00	Nampula	new	June 2012	FHI360	
Motorbikes		23/05/12	\$5.450,00	\$926,00	Nampula	new	June 2012	FHI360	
Motorbikes	5634272	23/05/12	\$5.450,00	\$926,00	Nampula	new	June 2012	FHI360	
Motorbikes		23/05/12	\$5.450,00	\$926,00	Nampula	new	June 2012	FHI360	
Motorbikes	5643290	23/05/12	\$5.450,00	\$926,00	Nampula	new	June 2012	FHI360	
Motorbikes	5643262	23/05/12	\$5.450,00	\$926,00	Nampula	new	June 2012	FHI360	
Motorbikes	5643266	23/05/12	\$5.450,00	\$926,00	Gaza	new	June 2012	FHI360	
GeneXpert		22/06/12	\$29.857,33	N/A	Chokwe/Gaza	new	June 2012	MOH	
GeneXpert		22/06/12	\$29.857,33	N/A	Quelimane/Zambezia	new	June 2012	MOH	
GeneXpert		22/06/12	\$29.857,33	N/A	Cuamba/Niassa	new	June 2012	MOH	
LED Microscopy		June 2012	\$4.016,25	\$682,76	HP Xai Xai/Gaza	new	August 2012	MOH	
LED Microscopy		June 2012	\$4.016,25	\$682,76	HR de Chicumbane/Gaza	new	August 2012	MOH	

LED Microscopy		June 2012	\$4.016,25	\$682,76	C.S de Ponta Gea/Sofala	new	August 2012	MOH	
LED Microscopy		June 2012	\$4.016,25	\$682,76	HR de Nhamatanda/Sofala	new	August 2012	MOH	
LED Microscopy		June 2012	\$4.016,25	\$682,76	HR de Sussundega/Manica	new	August 2012	MOH	
LED Microscopy		June 2012	\$4.016,25	\$682,76	HR de Ulongue/Tete	new	August 2012	MOH	
LED Microscopy		June 2012	\$4.016,25	\$682,76	C.D de Mutarara/Tete	new	August 2012	MOH	
LED Microscopy		June 2012	\$4.016,25	\$682,76	HP de Quelimane/Zambezia	new	August 2012	MOH	
LED Microscopy		June 2012	\$4.016,25	\$682,76	HR de Milange/Zambezia	new	August 2012	MOH	
LED Microscopy		June 2012	\$4.016,25	\$682,76	HR de Gurue/Zambezia	new	August 2012	MOH	
LED Microscopy		June 2012	\$4.016,25	\$682,76	HR de Mocuba/Zambezia	new	August 2012	MOH	
LED Microscopy		June 2012	\$4.016,25	\$682,76	Lab de Ref de TB/Nampula	new	August 2012	MOH	
LED Microscopy		June 2012	\$4.016,25	\$682,76	C.S de Carapira-Monapo/Nampula	new	August 2012	MOH	
LED Microscopy		June 2012	\$4.016,25	\$682,76	HD de Moma/Nampula	new	August 2012	MOH	
LED Microscopy	SN: 3134001261	June 2012	\$4.016,25	\$682,76	HR de Cuamba/Niassa	new	August 2012	MOH	
LED Microscopy		June 2012	\$4.016,25	\$682,76	HP de Lichinga	new	August 2012	MOH	
LED Microscopy		June 2012	\$4.016,25	\$682,76	Lab Nacional Referencia TB/Maputo	new	August 2012	MOH	
LED Microscopy		June 2012	\$4.016,25	\$682,76	Hosp. Geral Machava/Maputo	new	August 2012	MOH	

(1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others

(2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)

(3) Date of invoice

(4) Total price including any sales tax paid. Use currency on invoice

(5) Note any sales tax charged

(6) Address

(7) Good/fair or bad

(8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.

where a recipient compensated TB CARE I for its share. Attach supplementary info